



CONFIDENTIAL CREDIT APPLICATION

Company Name _____

Billing Street Address _____

Phone _____ Fax _____ E-mail _____

Parent Company & Address _____

Date Business Established _____

Description of business _____

Principal Officers/Partners/Owners _____

Accounts Payable Supervisor _____

Credit Amount Requested _____ PST No. _____ GST No. _____

SUPPLIER REFERENCES (Provide only those with whom you deal with often).

1) Primary Name _____ Phone _____

Address _____ Fax _____

2) Second Name _____ Phone _____

Address _____ Fax _____

3) Third Name _____ Phone _____

Address _____ Fax _____

Main Bank _____ Branch _____ Contact _____

Account No. _____ Phone _____ Fax _____

The information in this application is for the purpose of obtaining credit and is represented by the applicant to be true and correct.

Name _____ Signature _____

Position _____ Date _____

For Label Innovation use only

Credit Approved by _____ Date _____

